MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

111367

Reg. Dist. No. 2-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick
LENGTH OF STAY (in this place): 22 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) N. (Last) Benfield

4. DATE OF DEATH: (Month) Feb. (Day) 11 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Feb. 15 1865

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Douglas Benfield

14. MOTHER'S MAIDEN NAME: Lydia Bullock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: George Jones, Paris, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease — Interval between onset and death:

420.0

Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 1/25, 1950, to 2/11, 1950, that I last saw the deceased alive on 2/10, 1950, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] ADDRESS: DATE SIGNED: 2/11/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb 13 1950 — NAME OF CEMETERY OR CREMATORY: Broomes Island Cem. — LOCATION (City, town, or county) (State): Broomes Island Md.

DATE REC'D BY LOCAL REG.: Feb 11, 1950 — REGISTRAR'S SIGNATURE: Grace L. Hutchins

24. FUNERAL DIRECTOR — ADDRESS: W. H. Hutchins, Owings, Md.

A.C.O.D.

RECEIVED
FEB 20 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 124 MAR 1 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01368

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Leonards. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Leonards.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mammie (Middle) (Last) Commodore.

4. DATE OF DEATH: (Month) 2 (Day) 19 (Year) 1950

5. SEX: F

6. COLOR OR RACE: C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 8-22-1909

9. AGE last birthday: 40 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Cornelius Harrod

14. MOTHER'S MAIDEN NAME: Julia Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Harry Commodore St Leonards

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr unspecified

422.2

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16, 1950, to 2/19, 1950, that I last saw the deceased alive on 2/19, 1950, and that death occurred at 5:15 A.m., from the causes and on the date stated above.

SIGNATURE: H Weems. (Degree or title): MD ADDRESS: Huntingtown Md DATE SIGNED: 2/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 2-22-50 | NAME OF CEMETERY OR CREMATORY: Brown's Chapel | LOCATION (City, town, or county) (State): Calvert Co. Md

DATE REC'D BY LOCAL REG. 2-20-50 | REGISTRAR'S SIGNATURE: H. W. Ward

24. FUNERAL DIRECTOR: P.E. Sewell ADDRESS: Prince Frederick, Md

52086

RECEIVED
FEB 23 1950
BUREAU OF S

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01369

FILM No. G 124 FEB 20 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Wm	(Middle) Howe	(Last) Graham	4. DATE OF DEATH	(Month) 2	(Day) 12	(Year) 1950	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH May 27 1889	9. AGE last birthday 5760 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md	12. CITIZEN OF WHAT COUNTRY? Yes
13. FATHER'S NAME Wm Graham		14. MOTHER'S MAIDEN NAME Ella Howe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Maude Brooks	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	4 hrs
353.3 Antecedent cause(s)	(b) Epilepsy	all life
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Has been a mental case with convulsions all life	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5:43 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. W. Hard M.D.		Owings Md	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-15-50	St. Johns	Calvert, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-14-50	H. W. Hard	P. E. Sewell	Prince Frederick, Md

000VV

RECEIVED
FEB 15 1950
BUREAU V. S.

~~Birth and~~ Death

01370

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 5

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

M C

1. PLACE OF BIRTH:

County Calvert

City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:
Calvert County Hospital

Length of mother's stay in County
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland

County Calvert

City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If RURAL give LOCATION)

3. Name of child

4. Date of birth Feb. 20 1950 Hour 8:15 P. M.

5. Sex Male | 6. Twin or triplet

7. No. of weeks pregnancy 20 weeks

FATHER OF CHILD

8. Full name John Linwood Gray

9. Color Negro 10. Age at time of this birth 31 yrs.

11. Usual occupation Farmer

MOTHER OF CHILD

12. Full maiden name Bernice Virginia Height

13. Color Negro 14. Age at time of this birth 23 yrs.

15. Usual occupation Housework

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 1

17. Did child die before labor? No During labor? NO

18. Pregnancy, complications of

19. Labor: (a) Complications of
(b) Induced?

20. (a) Was there an operation for delivery? No (Yes or No)
(b) State all operations, if any
(c) Did child die before operation?
During operation? NO

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
(a) Fetal causes Prematurity
(b) Maternal causes

776X 159

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature [signature]
(Specify if M. D., midwife, or other)

Address

I

23. (a) Burial (Burial, cremation or removal) (b) Date thereof 2-21-50 (month) (day) (year)
(c) Cemetery or crematory Private

24. (a) Funeral director John L. Gray
(b) Address Pr. Fred.

25. (a) 2-21-50 (Date rec'd by registrar) (b) H. W. Ward (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

T

V. S. A10

* See Instruction C on stub.

Child lived 5 minutes

2-0-2-20-0-23-3-20-X

RECEIVED
FEB 28 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 01371

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Robert (Last) Hance

4. DATE OF DEATH (Month) February (Day) 7 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Nov. 16, 1873
9. AGE last birthday 76 yrs. — If under 1 year: Months 2, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during ~~most of~~ working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Calvert County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Elisha Hance
14. MOTHER'S MAIDEN NAME Louise Hance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Sarah Cranford Hance Huntingtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Arteriosclerosis

446X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephrosclerosis Nephrolithiasis

131a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1949, to Feb 7, 1950, that I last saw the deceased alive on Feb 4, 1950, and that death occurred at 8 30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Page Gett — ADDRESS Prince Frederick — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Feb. 9, 1950 — NAME OF CEMETERY OR CREMATORY Emanuel Cemetery — LOCATION (City, town, or county) Plum Point (State) Md

DATE REC'D BY LOCAL REG. Feb. 8, 50 — REGISTRAR'S SIGNATURE W. H. W. Ward — 24. FUNERAL DIRECTOR A. A. Harkness & Son — ADDRESS Mutual, Md

66011

RECEIVED
FEB 13 1950
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01372

FILM No. G 124 FEB 23 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick, md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) N. (Last) Hardman

4. DATE OF DEATH: (Month) 2 (Day) 5 (Year) 1950

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow.

8. DATE OF BIRTH: 4-17-1887

9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Trozer.

14. MOTHER'S MAIDEN NAME: Sarah Butler.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT, AND ADDRESS: Mazie Mackall, Prince Frederick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C. V. Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/2, 1950, to 2/5, 1950, that I last saw the deceased alive on 2/2, 1950, and that death occurred at 8.30 A.m., from the causes and on the date stated above.

SIGNATURE Dagl Pitt (Degree or title) ADDRESS Prince Frederick DATE SIGNED 2/6/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 2-8-50 | NAME OF CEMETERY OR CREMATORY Carroll's | LOCATION (City, town, or county) (State) Calvert, md.

DATE REC'D BY LOCAL REG. 2-6-50 | REGISTRAR'S SIGNATURE H. H. Ward | 24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 1950
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01373

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH · COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dowell — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dowell
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Nannie (Middle) L. (Last) Hill			4. DATE OF DEATH (Month) Feb. (Day) 28, (Year) 1950		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W	8. DATE OF BIRTH May 30, 1871	9. AGE last birthday 78 yrs.	If under 1 year Months 8 Days 28 / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) St. Mary's County, Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph S. Combs			14. MOTHER'S MAIDEN NAME Anna Elizabeth Wheeler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No		16. SOCIAL SECURITY No. No	17. INFORMANT AND ADDRESS William C. Hill - Balto., Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334X Immediate cause (a) Cerebral Arteriosclerosis

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6, 1940, to Feb 28, 1950, that I last saw the deceased alive on Feb 28, 1950, and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Page Gett — ADDRESS Prince Frederick — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Mar. 3, 1950	NAME OF CEMETERY OR CREMATORY Solomons Catholic Cem.	LOCATION (City, town, or county) (State) Solomons, Md
DATE REC'D BY LOCAL REG. 3-1-50	REGISTRAR'S SIGNATURE H. W. Ward	24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 9 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 124 MAR 15 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01374

Reg. Dist. No. 31

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PRINCE FREDERICK
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~PRI~~ Huntingtown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) (Last) JENKINS

4. DATE OF DEATH (Month) 2 (Day) 22 (Year) 1950

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: MAY 5, 1898
9. AGE last birthday: ~~52~~ 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CALVERT Co.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ~~Elliott~~ Alexander JENKINS
14. MOTHER'S MAIDEN NAME: CHARDLETH FREELAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If year, give war or dates of service) I
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Ruth Jenkins, Huntingtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Occident

331 × Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6, 1947, to 2/22, 1950, that I last saw the deceased alive on 2/22, 1950, and that death occurred at 11:45 P.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Huntingtown Md DATE SIGNED: 2/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2-26-50 — NAME OF CEMETERY OR CREMATORY: Patuxent — LOCATION (City, town, or county): Calvert (State): Md

DATE REC'D BY LOCAL REG.: 2-24-50 — REGISTRAR'S SIGNATURE: H. W. Ward — 24. FUNERAL DIRECTOR: P.E. Sewell Prince Frederick, Md — ADDRESS:

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

0000

RECEIVED
FEB 28 1950
BUREAU U. S.

Evidence for change of birth date shown on:

FILM No. G 1[illegible] MAR 13 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01375

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH COUNTY: Calvert — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md — COUNTY: Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Paris — LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Paris
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Dianne (Middle) Jones (Last)

4. DATE OF DEATH: (Month) 2 (Day) 27 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	Colored		7/12/~~30~~ 49	— yrs.	7	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Roland Jones	Annie Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
			Annie Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation while sleeping with a large girl

924.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

182 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
Acc.	Home			

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9.30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. W. Ward	D. VM	Z.	2/27/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-28-50	Mt. Hope	Dunkirk, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-28-50	H. W. Ward	P. E. Sewell	Pr. Fred, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 3 1950
BUREAU V. R.

Evidence for addition
in #21 shown on:
FILM No. G 125 MAR 30 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01376

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County: Calvert

City or town: N. Beach
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Calvert

City or town: N. Beach
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Robert Emmett Kelly

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife: Margaret Teresa

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 12/31/1878

8. AGE: Years: 7 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Alex Va
(Town, county, and state)

10. Usual occupation: Steamfitter

11. Industry or business

FATHER
12. Name: Henry Kelly
13. Birthplace: Lynchburg Va

MOTHER
14. Maiden name: Anna Krump
15. Birthplace: Alex Va

16. Informant: wife

Address: North Beach, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 24 50 (month) (day) (year)

Cemetery or crematory: Bethel Cem.

Location: Alexandria, Va

18. Funeral director: James T. Ryan

Address: 317 Pa. Ave. S.E. Wash. D.C.

19. Feb 21 1950 Grace L. Hutchins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/21 1950, at 5:10 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/2 1948, to 2/21 1950 and that I last saw him alive on 2/18 1950

Immediate cause of death: Carcinoma of Stomach (3/30/50 a.s.)

Due to

Due to

Other conditions: 151X 466 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Huntingtown Md Date signed: 2/21/50

34809

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 27 1950
BUREAU Y. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01377

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH · COUNTY Calvert · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown · LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Bettie	(Middle) E.	(Last) Lyons	4. DATE OF DEATH	(Month) Feb.	(Day) 17	(Year) 1950
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH Dec. 9, 1887	9. AGE last birthday 62 yrs.	If under 1 year Months 2	Days 8	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Baltimore, Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME George Thomas Alton	14. MOTHER'S MAIDEN NAME Bettie P. Simmons						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT AND ADDRESS Thornton Lyons					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Post Operative

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 1950, to 2/17, 1950, that I last saw the deceased alive on 2/19, 1950, and that death occurred at 2 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Huntingtown Md DATE SIGNED 2/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 19, 1950	NAME OF CEMETERY OR CREMATORY Mirande Mem. Cem	LOCATION (City, town, or county) Huntingtown (State) Md
DATE REC'D BY LOCAL REG. 2/18/50	REGISTRAR'S SIGNATURE H. W. Ward	24. FUNERAL DIRECTOR A. A. Hackness & Son - Mutual, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01378

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nettie	Coates	Magruder	2	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	C	Wid	Oct 14, 1896	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joe Coates	Rachel Coates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Ernest Coates. Sunderland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute dilatation of heart	
434.3 Antecedent cause(s)	
95C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) "	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Husband ill with cold for 3 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Howard W. Ward	M.D.	Owings Md	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-28-50	Mt Hope	Calvert Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-27-50	H. W. Ward	P.E. Sewell	Prince Frederick Md

52086

RECEIVED
MAR 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01379

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH
COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick
MARYLAND
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Adelina
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clarence	E.	Monnett	Feb.	15	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Sept. 16 1884	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Calvert County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Monnett
14. MOTHER'S MAIDEN NAME: Katherine Ogden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): No
16. SOCIAL SECURITY No.: No
17. INFORMANT AND ADDRESS: Hodges Monnett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X — Immediate cause (a): Cerebral accident

Antecedent cause(s)

83a — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Hypertension.

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN):
(COUNTY):
(STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to Feb 15, 1950, that I last saw the deceased alive on Feb. 14, 1950, and that death occurred at 8:45 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. Weems	M.D.	Huntingtown Md	2/15/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb. 18, 1950	Central Cem.	Barstow,	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-17-50	H. H. Hard	A. A. Harkness & Son.	Mutual, Md

000VV

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 21 1950
BUREAU Y. S.

01380

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH- COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mutual — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mutual
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ethel	(Middle) Griffin	(Last) Williams	4. DATE OF DEATH (Month) Feb.	(Day) 9 (Year) 1950
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W	8. DATE OF BIRTH Feb. 11, 1882	9. AGE last birthday 67 yrs. If under 1 year: Months 11, Days 28; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Calvert County - Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Joseph R. Griffin		14. MOTHER'S MAIDEN NAME Lucretia Sunderland		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No	16. SOCIAL SECURITY No. No	17. INFORMANT AND ADDRESS Vernon Williams - Mutual, Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C.V. disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to Feb 9, 1950, that I last saw the deceased alive on Feb 9, 1950, and that death occurred at 1 15 m., from the causes and on the date stated above.

SIGNATURE Cage Jett (Degree or title) Simon Frederick ADDRESS DATE SIGNED 2/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb. 11, 1950	NAME OF CEMETERY OR CREMATORY Christ Church Cem.	LOCATION (City, town, or county) (State) Port Republic - Md.
DATE REC'D BY LOCAL REG. 2/11/50	REGISTRAR'S SIGNATURE H. W. Ward	24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 15 1950
BUREAU V. S.